


✓ 5/3/16 ph

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>TX 2009083759</u>		
<b>3. Site Name</b>	Name: Clean Management of Corpus Christi LLC - Robstown Facility		
<b>4. Site Location Information</b>	Street Address: 4523 FM 892 <u>Ste B</u>		
	City, Town, or Village: Robstown		County: Nueces
	State: TX	Country: USA	Zip Code: 78380
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>3</u> <u>2</u> <u>4</u> <u>1</u> <u>9</u> <u>9</u>		C.
	B.		D.
<b>7. Site Mailing Address</b>	Street or P.O. Box: P.O. Box 709		
	City, Town, or Village: Robstown		
	State: TX	Country: USA	Zip Code: 78380
<b>8. Site Contact Person</b>	First Name: Jim		MI: Last: Wright
	Title: President		
	Street or P.O. Box: P.O. Box 709		
	City, Town or Village: Robstown		
	State: TX	Country: USA	Zip Code: 78380
	Email: JWright@env-evol.com		
	Phone: 361-387-9400	Ext.:	Fax: 361-387-8400
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: Environmental Evolutions Holdings, Inc.		Date Became Owner: 07/02/2012
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: P.O. Box 709		
	City, Town, or Village: Robstown		
	State: TX	Country: USA	Phone: 361-387-9400
	Zip Code: 78380		
	B. Name of Site's Operator: J.W. Rentals, Inc., DBA Environmental Evolutions National		Date Became Operator: 07/02/2012
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state


Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.




<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>TXR101010171610118</u>		
<b>3. Site Name</b>	Name: <u>JW Rentals, Inc. Dba Environmental Evolutions</u>		
<b>4. Site Location Information</b>	Street Address: <u>4525 FM 892 P.O. Box 709</u> City, Town, or Village: <u>Robstown</u> County: <u>Nueces</u> State: <u>Texas</u> Country: <u>U.S.A.</u> Zip Code: <u>78380</u>		
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>41814230</u> C. <u>                    </u> B. <u>                    </u> D. <u>                    </u>		
<b>7. Site Mailing Address</b>	Street or P.O. Box: <u>4525 FM 892 P.O. Box 709</u> City, Town, or Village: <u>Robstown</u> State: <u>Texas</u> Country: <u>U.S.A.</u> Zip Code: <u>78380</u>		
<b>8. Site Contact Person</b>	First Name: <u>Barry</u> MI: <u>L</u> Last: <u>Burnfield</u> Title: <u>Director of Environmental Health and Safety</u> Street or P.O. Box: <u>4525 FM 892 P.O. Box 709</u> City, Town or Village: <u>Robstown</u> State: <u>Texas</u> Country: <u>U.S.A.</u> Zip Code: <u>78380</u> Email: <u>bburnfield@env-evol.com</u> Phone: <u>361-387-9400</u> Ext.: <u>          </u> Fax: <u>361-387-8400</u>		
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: <u>Cargo Inc.</u> Date Became Owner: <u>1990</u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: <u>P.O. 1226</u> City, Town, or Village: <u>Robstown</u> Phone: <u>361-387-7921</u> State: <u>Texas</u> Country: <u>U.S.A.</u> Zip Code: <u>78380</u> B. Name of Site's Operator: <u>JW Rentals, Inc</u> Date Became Operator: <u>2008</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☒**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☒ N ☐

- 5. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☒ a. Transporter  
☒ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☒ N ☐

- 1. Used Oil Transporter**  
If "Yes", mark all that apply.

- ☒ a. Transporter  
☒ b. Transfer Facility (at your site)

Y ☒ N ☐

- 2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☒ a. Processor  
☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☐

- 4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


EPA ID Number

TXR000076018

OMB#: 2050-0024; Expires 12/31/2014

**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

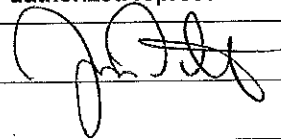
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)


Date Signed  
(mm/dd/yyyy)

Jim Wright, President

02/26/2013



✓ 5/3/14 *NR*

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b> <i>Adding USED OPL REGISTRATION</i>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>TXR1000083705</u>		
<b>3. Site Name</b>	Name: J.W. Rentals, Inc., DBA Environmental Evolutions National, Inc.- Robstown Facility		
<b>4. Site Location Information</b>	Street Address: 4523 FM 892		
	City, Town, or Village: Robstown		County: Nueces
	State: TX	Country: USA	Zip Code: 78380
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>4</u> <u>2</u> <u>3</u> <u>9</u> <u>3</u> <u>0</u>		C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
<b>7. Site Mailing Address</b>	Street or P.O. Box: P.O. Box 709		
	City, Town, or Village: Robstown		
	State: TX	Country: USA	Zip Code: 78380
<b>8. Site Contact Person</b>	First Name: Jim		MI: <u> </u> Last: Wright
	Title: President		
	Street or P.O. Box: P.O. Box 709		
	City, Town or Village: Robstown		
	State: TX	Country: USA	Zip Code: 78380
	Email: JWright@env-evol.com		
	Phone: 361-387-9400	Ext.: <u> </u>	Fax: 361-387-8400
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: Environmental Evolutions Holdings, Inc.		Date Became Owner: 07/02/2012
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: P.O. Box 709		
	City, Town, or Village: Robstown		Phone: 361-387-9400
	State: TX	Country: USA	Zip Code: 78380
	B. Name of Site's Operator: J.W. Rentals, Inc., DBA Environmental Evolutions National		Date Became Operator: 07/02/2012
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☒**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste** (hazardous and radioactive) Generator

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace** If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☒ N ☐

- 1. Used Oil Transporter** If "Yes," mark all that apply.

- ☒ a. Transporter  
☒ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner** If "Yes," mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer** If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications





478A.TXR000026641 0001  
HAMNER INC  
CORPUS CHRISTI TX 78417



\$000217533 HZ/RC/NT



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER

TXR000026641

04/16/98

INSTALLATION ADDRESS

HAMMER INN  
PO BOX 1000  
CORPUS CHRISTI, TX 78417  
RICHARD ROBERTS, OWNER

5582 OLD BROWNSVILLE RD  
CORPUS CHRISTI, TX 78417

EPA Form 6700-12A (6-88)

NEW

25x10

Please print or type with ELITE type (12 characters)

1/2 inch) in the unshaded areas only

QAC 2W4-1-48

Please refer to the instructions for filling in this form before completing this form. The information requested here is covered by law (Section 5016 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

For Official Use Only  
MAR 31 1988  
Wad 4298

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number (See instructions)

X K 0 0 0 0 2 6 6 4 1

3/27/98

## II. Name of Installation (Include company and specific site name)

H A M N E R I N C .

## III. Location of Installation (Physical address not P.O. Box or Route Number)

5 5 8 2 O L D B R O W N S V I L L E R D .

C O R P U S C H R I S T I

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REPORT ID - For Official Use Only											
1	2	3	4	5	6	7	8	9	10	11	12

## VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Recycling Activity	
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> 10 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> 1000 kg/mo (2200 lbs.) <input type="checkbox"/> Not a generator (Waste sent to dealer)	<input type="checkbox"/> 2. Transfer, Storage, Disposal or Installation (See Instructions) <input type="checkbox"/> Regular Service to equipment for maintenance, repair or replacement <input type="checkbox"/> Other maintenance <input type="checkbox"/> Other installation <input type="checkbox"/> Other transfer <input type="checkbox"/> Other disposal <input type="checkbox"/> Other	<input type="checkbox"/> 1. Used Oil Fuel Burner <input type="checkbox"/> 1. Marinator Oil or Grease <input type="checkbox"/> 2. Used Oil Off-Specification <input type="checkbox"/> 3. Marinator With First Change Oil <input type="checkbox"/> 4. Used Oil (See Instructions) <input type="checkbox"/> 2. Used Oil Burner (See Instructions) <input type="checkbox"/> 3. Other	<input type="checkbox"/> 1. Used Oil Fuel Burner <input type="checkbox"/> 2. Marinator Oil or Grease <input type="checkbox"/> 3. Used Oil Off-Specification <input type="checkbox"/> 4. Marinator With First Change Oil <input type="checkbox"/> 5. Used Oil (See Instructions) <input type="checkbox"/> 6. Used Oil Burner (See Instructions) <input type="checkbox"/> 7. Other

**1. Description of Hazardous Waste (see additional sheets if necessary):**

[illegible]

**D. Listed Hazardous Wastes.** (See 40 CFR 261.51 - 53; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

**C. Other Wastes.** (State other wastes requiring a handler to have an LD number; See instructions.)

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, that such penalties may include civil and criminal sanctions, and that I may be subject to sanctions by the Federal Bureau of Investigation for false statements.**

Signature <i>Richard L. Reynolds</i>	Name and Official Title (Type or print) RICHARD L. REYNOLDS      SALES	Date Signed 2-19-98
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**WE ARE APPLYING FOR A HAZARDOUS WASTE TRANSPORTATION PERMIT**

Submit completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)